

# PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 77631

Title: Early extrahepatic recurrence as a pivotal factor for survival after hepatocellular

carcinoma resection: A 15-year observational study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06120769

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2022-05-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-11 20:54

Reviewer performed review: 2022-05-19 13:15

Review time: 7 Days and 16 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	<ul> <li>[ ] Accept (High priority)</li> <li>[ ] Accept (General priority)</li> <li>[ Y] Minor revision</li> <li>[ ] Major revision</li> <li>[ ] Rejection</li> </ul>
Re-review	[Y]Yes []No



Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [ ] Yes [Y] No

#### SPECIFIC COMMENTS TO AUTHORS

The article focused on "Early extrahepatic recurrence (Early EHR)" and the survival in patients with hepatocellular carcinoma resected. Those published literatures nearly mainly described the difference between the EHR and IHR recurrence in cases with hepatocellular carcinoma. Thus, the article is of its novelty. However, the basis for this risk subgroup? Please explain it in the discussion part.



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Reviewer's code: 05720932

Position: Peer Reviewer

Academic degree: MD

Professional title: Consultant Physician-Scientist

Reviewer's Country/Territory: Italy

Author's Country/Territory: South Korea

Manuscript submission date: 2022-05-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-25 16:29

Reviewer performed review: 2022-06-29 10:15

Review time: 3 Days and 17 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
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Re-review	[ ]Yes [Y]No



# Baishideng **Publishing**

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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [ ] Yes [Y] No

#### SPECIFIC COMMENTS TO AUTHORS

Overall the article is well written. The title reflects the main subject of the manuscript. The abstract summarizes and reflects the work described in the manuscript. Please, if possible, avoid the use of abbreviations in the abstract. The key words reflect the focus of the manuscript. The manuscript adequately describes the background, present status and significance of the study. The manuscript describes methods in adequate detail. The research objectives are achieved. The manuscript interpretates the findings adequately and appropriately, highlighting the key points concisely, clearly and logically. The findings and their relevance to the literature are stated in a clear and definite manner. The discussion is accurate and outlines the paper's scientific significance to clinical practice. I did not detect self-cite or plagiarism. The manuscript is coherently organized and presented. Style, language and grammar are appropriate. The STROBE statement checklist of items has been applied. Ethics documents reviewed and approved by the local ethical review committee are present. This manuscript is about extrahepatic disease recurrence after HCC surgery. Authors propose that there are clinical and laboratory findings which are associated to early extrahepatic HCC recurrence. Authors found that various laboratory findings are associated with early extrahepatic recurrence. The conclusions appropriately summarize the findings. - The "p" of p-value should be always written in lowercase italics; please change this throughout the text. - Discussion: please change "was the first recurrence of HCC after surgical resection (Supplementary Table 3), and the both of the interval" to "was the first recurrence of HCC after surgical resection (Supplementary Table 3), and both interval" - Discussion: after talking about limitations, authors should briefly speak about future perspectives and unanswered



questions on this topic, proposing how to better expand knowledge on this topic (e.g. how to correctly treat early extrahepatic recurrence, use of radiomics features for recurrence prediction: see below). - Please add a reference to the updated BCLC guidelines (2022) in the first paragraph of the introduction, and also change it in materials and methods (ref 14): doi: 10.1016/j.jhep.2021.11.018. - Please add a reference to the use of radiomics in the prediction of poor responders after treatments; studies have been performed on surgical and locoregional patients. Please cite: doi: 10.2147/JHC.S362772, doi: 10.26355/eurrev\_202204\_28620.



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**Reviewer's code:** 05393105

**Position:** Editorial Board

Academic degree: Doctor, FRCP, MBBS, MD

**Professional title:** Professor

Reviewer's Country/Territory: India

Author's Country/Territory: South Korea

Manuscript submission date: 2022-05-11

Reviewer chosen by: AI Technique

**Reviewer accepted review:** 2022-06-28 07:44

Reviewer performed review: 2022-07-07 08:45

**Review time:** 9 Days and 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [ ] Yes [Y] No

#### SPECIFIC COMMENTS TO AUTHORS

A comprehensive retrospective study. The limitations mentioned are valid and it does confound the data interpretation. Nevertheless, it will require prospective data for recommendations The following suggestions are offered for enhancing the manuscript: 1. Please add the following for enhancing the discussion: a) Portolani N, Coniglio A, Ghidoni S, Giovanelli M, Benetti A, Tiberio GA, Giulini SM. Early and late recurrence after liver resection for hepatocellular carcinoma: prognostic and therapeutic implications. Ann Surg. 2006 Feb;243(2):229-35. b)Yang SL, Luo YY, Chen M, Zhou YP, Lu FR, Deng DF, Wu YR. A systematic review and meta-analysis comparing the prognosis of multicentric occurrence and vs. intrahepatic metastasis in patients with recurrent hepatocellular carcinoma after hepatectomy. HPB (Oxford). 2017 Oct;19(10):835-842. c)Yan WT, Li C, Yao LQ, Qiu HB et al. Predictors and long-term prognosis of early and late recurrence for patients undergoing hepatic resection of hepatocellular carcinoma: a large-scale multicenter study. Hepatobiliary Surg Nutr 2021. doi: 10.21037/hbsn-21-288 d)Byeon J, Cho EH, Kim SB, Choi DW. Extrahepatic recurrence of hepatocellular carcinoma after curative hepatic resection. Korean J Hepatobiliary Pancreat Surg. 2012 Aug;16(3):93-7.